

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/31/2011
FORM APPROVED
OMB NO. 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445272	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/27/2011
NAME OF PROVIDER OR SUPPLIER MABRY HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1340 N GRUNDY QUARLES HWY P O BOX 7 GAINESBORO, TN 38562		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 315 SS=D	<p>483.25(d) NO CATHETER, PREVENT UTI, RESTORE BLADDER</p> <p>Based on the resident's comprehensive assessment, the facility must ensure that a resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; and a resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore as much normal bladder function as possible.</p> <p>This REQUIREMENT is not met as evidenced by: Based on medical record review, observation, and interview, the facility failed to assess and remove an indwelling catheter for one (#6) of twenty residents reviewed, following the healing of a pressure ulcer.</p> <p>The findings included:</p> <p>Resident #6 was admitted to the facility on July 13, 2007, with diagnoses including Closed fracture of Tibia, Hypertension, and Cerebral Vascular Accident. Medical record review of a physician's order dated January 11, 2009, revealed "...foley (catheter) BSB (bed side bag)...place until wound heals..." Continued medical record review of the resident's care plan dated January 13, 2011, revealed "...wounds currently healed..."</p> <p>Observation on January 25, 2011, at 10:45 a.m., and January 26, 2011, at 3:52 p.m., revealed the resident lying in bed with an indwelling catheter in place.</p>	F 315	<p>Mabry Health Care and Rehab Center files the Plan of Correction solely to satisfy State and Federal mandates. The facility does not admit that any deficiency existed prior to, at the time of or after the survey.</p> <p>Step 1 Resident #6 named in the deficiency did have a supporting diagnosis from the Physician Progress Notes dated 6/27/2010 of Urinary Retention. This diagnosis is on the diagnosis sheet inside the resident's medical chart. All residents with an order for indwelling catheter do have a supporting diagnosis in the medical chart.</p> <p>Step 2 No other residents affected by this deficiency. Each resident with an indwelling catheter does have an order from the physician and a supporting diagnosis to maintain catheter, and will be monitored by designated nursing staff. The MDS Coordinator will evaluate use of indwelling catheter monitoring and notify the physician.</p> <p>Step 3 Policy and procedure in place. All LPN, RN, PRN nurses inserviced 1/28/2011 on monitoring form for indwelling catheter, and policy and procedure. No agency nurses used at this facility. Each resident with an indwelling catheter has a monitoring form in their medical chart. Monitoring forms will be completed by designated nursing staff and evaluated by DON, ADON, MDS Coordinator, or MDS Coordinator Assistant monthly.</p> <p>Step 4 Monitoring form will be evaluated monthly by the DON, ADON, MDS Coordinator, or MDS Coordinator Assistant. Monitoring sheet will be taken to QA meetings by appropriate nursing staff.</p>	2/11/2011	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Kathleen M. Graves

Adms

2-15-2011

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 315	Continued From page 1	F 315			
F 371 SS=F	<p>Interview with the Director of Nursing on January 26, 2011, at 4:05 p.m., at the AB hall nursing desk confirmed the resident's wound was healed and the catheter was not removed.</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy and interview, the facility failed to maintain the dietary department in a clean and sanitary manner.</p> <p>The findings included: Observation on January 25, 2011, at 10:15 a.m., with the administrator (interim Dietary Manager), revealed six mixing bowls and ten cereal bowls stacked wet. Continued observation of the walk-in cooler revealed one flat of thirty-six whole, raw, eggs placed on a metal cart, on top of a tray of pre-poured glasses of milk ready to be served. Continued observation revealed a case of whole, raw, eggs, which contained six flats (of thirty-six eggs each) placed on the second shelf above cartons of liquid eggs.</p>	F 371	<p>Step 1 The identified problems noted in the initial walk thru were found to affect no residents. All dietary employees were in serviced immediately 1/25/2011 on policy and procedures regarding proper storage of whole eggs and liquid eggs on the bottom shelf of the cooler; and completely air drying all plates, cups, bowls, eating utensils, serving utensils, pots, pans, and stainless steel bowls before being properly stored. Dietary Department will be maintained in a clean and sanitary manner. Policy and procedures were in place at the time of on site survey.</p> <p>Step 2 No residents affected. The Dietary manager, Dietician or designee will monitor the Dietary Department on a daily basis to ensure that proper storage of perishable items is maintained in the walk in cooler. All whole and liquid eggs are stored on the bottom shelf of the walk in cooler. Dietary Manager, Dietician or designee will monitor the Dietary Department on a daily basis to ensure that all plates, cups, bowls, eating utensils, pots, pans, and stainless steel mixing bowls are completely air dried before being properly stored.</p>	1/25/2011	

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F 371	Continued From page 2 Review of the facility policy, "...Staff will allow all dishes to air dry before storage...allow the pots, pans, and stainless steel bowl to air dry before storage...Dietary Manager will monitor storage procedure...Liquid eggs and raw eggs are stored on the bottom shelf in the walk in cooler...Dietary Manager will monitor storage procedure..." Interview with the administrator on January 25, 2011, at 11:30 a.m., in the dietary department, confirmed the mixing and cereal bowls were stacked wet and the eggs were placed on the second shelf above other food items.	F 371	Step 3 A monthly check list form will be used for daily monitoring. All new hires will be in serviced on all policies and procedures by the Dietary Manager, Dietician, or designee. Failure of any dietary employee to comply with policies and procedures will result in disciplinary action being taken. Step 4 Monitoring sheet will be taken to the QA meeting by appropriate staff.		2/11/2011